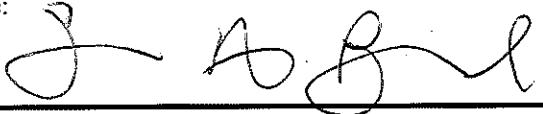
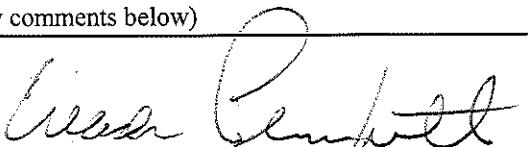


Report Type:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	9/14/2018

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
Barela	Sean		Administrative Assistant Office of Communications	OPM
Other Federal Government Positions Held During the Preceding 12 Months:				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature:	Date:			
	10/4/18			
Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below)				
Signature:	Date:			
	10/4/18			
Other Review Conducted By:				
Signature:	Date:			
U.S. Office of Government Ethics Certification (if required):				
Signature:	Date:			
Comments of Reviewing Officials:				

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number		
Part 1: Filer's Positions Held Outside United States Government						
#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	State of Texas: Office of Capital Cases	Lubbock, TX	State Criminal Law Office	intern	July 2016	July 2016
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						

Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number	
Part 2: Filer's Employment Assets and Income					
#	Description	EIF	Value	Income Type	Income Amount
1.	none				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
#	Employer or Party	City/State	Status and Terms	Date
1.	none			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year

#	Source Name	City/State	Brief Description of Duties
1.	none		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 5: Spouse's Employment Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	none				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number	
Part 6: Other Assets and Income					
#	Description	EIF	Value	Income Type	Income Amount
1.	none				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
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20.					

Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
Part 7: Transactions				
#	Description	Type	Date	Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number	
Part 8: Liabilities						
#	Creditor Name	Type	Amount	Year Incurred	Rate	
Term						
1.	FAFSA - DEPT OF ED/GREAT LAKES	Student Loan	\$10,001 - \$15,000	2014	4.29%	10 year
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
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Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 9: Gifts and Travel Reimbursements

#	Source Name	City/State	Brief Description	Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
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